U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number u - 2950	2. Fiscal Year Covered From:		
	Through: [L / SI / Jou'Y		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name GARY S LABARBERA	Name Local 282 T.B.T.		
	Labor Organization File Number 609-185		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street Clu Lucal 282I.87. 2600 MARCUS AVE	Street 2500 MARCUS AUE		
City LAKE SUCCESS	City LAKE SUCCESS		
State N ZIP Code +4 11042	State Ny. ZIP Code + 4 11042		
5. Position in labor organization. PRESIDENT			
Enter appropriate data below If, during the past fiscal year, you or your sp	ouse or minor child directly or indirectly had any of the following interacts		
(except as specified in the exc	lusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate.	derived income or other economic benefit of tion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	Telegram i Sovorio de la Contra		
Trade Name, if any:	The state of the s		
P.O. Box, Bldg., Room No., if any			
1.0. Dox, Didg., Notiffice, if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4	h		
	31		
Signature and verification. The undersigned declares, under penalty of	nature		
submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	Ving documents), has been examined by the signatory and is, to the best of the		
Signed Many S La Barbera	On 8 8 05 516.488.2822		
"	Date Telephone Number		

Name of Person Filing GARY S. LABARBER	Α	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or idealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busing tively seeking to represent, andirectly to, or otherwise	nace
8. Name and address of Business (including trade name, if any). Name CoHEN, WEISS AND SIMON LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any ZS PLOOR Street 330 WEST 42 NO STREET City NEW YORK State N.Y ZIP Code +4 10036	9. Business deals with: a. Labor Orgar b. Trust c. Employer	nízation
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such de	ealing.
Name LOCAL 282 BENIET TRUST FUND Trade Name, if any:	LEGAL T	REPRESENTATION
P.O. Box, Bldg., Room No., if any	* Antimore delicated in	(3) 657.625
Street 25 00 MARWS AVE		
City Lake Socies State D. ZIP Code + 4 11042	11.b. Approximate dollar value of such dealing. (A) 424, 124 12.a. Nature of interest held or income received.	
	MEALS ASS	SOCIATED WITH MEETINGS
	12.b. Amount.	789,00
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
	Andrews days in the analysis	
Trade Name, if any:	de recommendado y communicación de la communic	
P.O. Box, Bldg., Room No., if any	Unmanderata v (f.	
	Full middle of American	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

City

State

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Name of Person Filing GARY S LABARBERA	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name	a. Labor Organization b. Trust c. Employer
10. If 9 b. or 9.c. is checked give trust or employer's name Name Local 232 Pension Trust Fond Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. MANAGES PENSION INVESTMENTS
Street 2500 MARCUS AVE	11.b. Approximate dollar value of such dealing. 18 3 \$0, 000
City LAKE SUCCESS	12.a. Nature of interest held or income received.
State N ZIP Code + 4 11 0 4 2	MEALS ASSOCIATED WITH MEETINGS 2/21/04, 3/29/04, 5/16/04
	12.b. Amount. APPRox. \$ 150
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment

13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment	

Name of Person Filling GARY S. LABARBERA		ile Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8 Name and address of Business (including trade name, if any) Name MACKA SHIELDS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9 WEST 57 STR SET City NEW YORK State N. ZIP Code +4 10019 10 If 9.b. or 9.c. is checked give trust or employer's name. Name LOCAL 282 WELFARE FOND	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing MANAGES WE			
P.O. Box, Bldg., Room No., if any Street 2600 MARCUS AVE				
City LAKE SUCCESS	11.b. Approximate dollar value of 12.a. Nature of interest held of			
State Noy2	MEALS ASSUCI	PTED WITH MEETINGS		
	12.b. Amount.	APTROX \$ 50.00		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	APPROX \$ 50.00		
	r parts A and B above)	APPROX \$ 50.000		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value.	ARTROX \$ 50.000		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	r parts A and B above) or other thing of value.	APPROX \$ 50.000		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	r parts A and B above) or other thing of value.	APPROX \$ 50.000		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	r parts A and B above) or other thing of value.	APPROX \$ 50.000		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	r parts A and B above) or other thing of value.	APPROX \$ 50.000		

Name of Person Filing GARY S. LABARBERA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name UBS FINANCIAL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 333 EARL DUINGTON BIND City MITCHELL FIELD State N.Y. ZIP Code +4 IISS 3 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Local 282 Dunoity Trost Fond Trade Name, if any:	9. Business deals with: a Labor Organization b Trust c. Employer 11.a. Nature of such dealing. MANAGES ANNOITY INJESTMENTS			
P.O. Box, Bldg., Room No., if any Street 2500 MARCUS AVE City LAKE Success	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. MEALS ASSOCIATED WITH MEETINGS			
State 7.7 ZIP Code + 4 11 04 2	2 23 04 12.b. Amount. Press 50.00			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	pr parts A and B above) or other thing of value. 14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	. i.o., andone of paymone			